MAXIMUS Federal Services

Case Number:	CM15-0043416		
Date Assigned:	03/13/2015	Date of Injury:	01/09/2011
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female who sustained an industrial injury on 1/9/11, due to a slip and fall. The 2/22/12 electrodiagnostic study impression documented findings consistent with mild bilateral carpal tunnel syndrome, moderate left cubital tunnel syndrome, and no evidence of cervical radiculopathy. The 1/29/15 treating physician report cited global complaints of left shoulder pain with constant numbness along the left middle, ring and small fingers, and nocturnal symptoms left hand numbness and paresthesias. Conservative treatment has including splinting without symptom resolution. Left elbow exam documented 0-150 degrees flexion/extension arc, symmetrical supination and pronation, and no gross varus/valgus laxity. There was no tenderness over the epicondyles or olecranon process. Tine's, cubital tunnel hyperflexion and cubital tunnel compression tests were positive. Left wrist exam documented positive Tinel's, Phalen's, and carpal tunnel compression tests. Sensation was grossly intact over the median, ulnar and radial nerve distributions. The diagnosis included left cubital tunnel and carpal tunnel syndrome. An adequate trial of conservative treatment, including cubital tunnel and carpal tunnel splinting and occupational therapy, had failed to provide significant improvement. The treatment plan requested left elbow ulnar decompression with possible partial medial epicondylectomy and anterior transposition, up to 24 sessions of post-op occupational therapy, and post-op pain medication. The 2/24/15 utilization review modified a request for left elbow ulnar decompression with possible partial medial epicondylectomy and anterior subcutaneous transposition to a left elbow simple decompression. The request for left open carpal tunnel

release was certified. The request for 24 sessions of post-op physical therapy was modified to 20 sessions. The request for Norco 5/325 mg #30 with one refill was modified to #30 with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left Elbow Ulnar Decompressionwith possible partial medial epicondylectomy/anterior subcutaneous transpotion: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270,265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://odg.twc.com./odgtwc/carpaltunnel.htm.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

Decision rationale: The California MTUS guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care. The guidelines do not generally recommend medial epicondylectomy for ulnar neuropathy based on insufficient evidence. Anterior transposition may be supported at the time of attempted decompression if indications are present, but evidence is reported insufficient. Guideline criteria have been met. This patient has subjective and objective findings consistent with left ulnar neuropathy, with significant left upper extremity activity limitations. There are electrodiagnostic findings of moderate ulnar motor demyelinating neuropathy across the elbow. The choice of surgical approach to ulnar nerve decompression is within the purview of the treating provider and to be based on the overall findings. Therefore, this request is medically necessary.

Post-Operative Occupational Therapy x 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44, 45-47, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of cubital tunnel syndrome suggest a general course of 20 post-operative visits over 10 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 2/24/15 utilization review recommended partial certification of 20 post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the

medical necessity of additional care beyond the recommended general course of post-operative treatment. Therefore, this request is not medically necessary.

Post-Operative Norco 5/325mg #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 22, Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91. Decision based on Non-MTUS Citation DEA SUBCHAPTER I - CONTROL AND ENFORCEMENT. Part C - Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances, 829, Prescriptions.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short term basis for elbow pain. Guidelines recommend Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as 'normal-release' or 'immediate-release' opioids, are seen as an effective method in controlling both acute and chronic pain. According to new DEA requirements, no prescription for a controlled substance in schedule II, which includes hydrocodone (Norco), may be refilled. Guideline criteria have been met for the post-operative use of Norco. The 2/24/15 utilization review modified the request for Norco 5/325 mg #30 with one refill to #30 without refill. There is no compelling reason to support the medical necessity of a refill of this medication prior to post-op assessment of pain and given current DEA requirements. Therefore, this request is not medically necessary.